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PTO/SB/01 (3-97) +

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration
Submitted
with Initial
Filing OR ☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number	5000.129
First Named Inventor	Kong et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SINGLE STEP PENDEO- AND LATERAL EPITAXIAL OVERGROWTH OF GROUP III-NITRIDE EPITAXIAL
LAYERS WITH GROUP III-NITRIDE BUFFER LAYER AND RESULTING STRUCTURES

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 11 9(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO /SB/02B attached hereto.
60/159,299	10/14/1999	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 021176

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Philip Summa	31,573	Albert P. Allan	40,485
Richard L. Additon	43,460		
Jesse B. Ashe, III	44,513		
Stanley B. Baker	35,058		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label

021176

OR ☐ Correspondence address below

Name	Philip Summa, P.A.				
Address	13777 Ballantyne Corporate Place				
Address	Suite 315				
City	Charlotte	State	NC	ZIP	28277
Country	US	Telephone	704-945-6700	Fax	704-945-6735

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Hua-Shuang		Kong	
Inventor's Signature	<i>Huashuang Kong</i>		Date 10/3/00
Residence: City	Raleigh	State	NC
Country	US	Citizenship	US
Post Office Address	10840 Bexhill Drive		
Post Office Address			
City	Raleigh	State	NC
ZIP	27606	Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John Adam				EDMOND			
Inventor's Signature						Date	10/4/00
Residence: City	Cary	State	NC	Country	US	Citizenship	US
Post Office Address	206 W. Jules Verne Way						
Post Office Address							
City	Cary	State	NC	ZIP	27511	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kevin Ward				HABERERN			
Inventor's Signature						Date	10/4/00
Residence: City	Cary	State	NC	Country	US	Citizenship	US
Post Office Address	105 Longbridge Drive						
Post Office Address							
City	Cary	State	NC	ZIP	27511	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David Todd				EMERSON			
Inventor's Signature						Date	10/4/00
Residence: City	Durham	State	NC	Country	US	Citizenship	US
Post Office Address	15 Winthrop Court						
Post Office Address							
City	Durham	State	NC	ZIP	27707	Country	US

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